## **APPENDIX A**

| Assistance   |                         | 2. Date Subm                            | itted  |  | Applicant Ide                           | entifier                 |          |
|--|-------------------------|---|--|--|---|--------------------------|----------|
| Type of Submission:  Application:  |                         | 3. Date Recei                           | ved by Stat  | e  | State Applica                           | ation Identifier         |          |
| Application: Constru<br>Preapplication:  | iction                  | 4. Date Received by Federal Agency      |  |  | Federal Identifier                      |                          |          |
| 5. Applicant Information   |                         | ·                                       |  |  |   |                          |          |
| Legal Name   |                         |   |  | Organizational Unit  |   |                          |          |
| City and County of   | of Honolulu             |   |  | Department of Budget and Fiscal Services                               |   |                          |          |
| Address  |                         |   |  | Contact  |   |                          |          |
| 530 South King S<br>Honolulu, HI 9681  | treet, 3rd Floor<br>3   |   |  | Jean Tanji<br>(808) 527-5067   |   |                          |          |
| City and County of   | of Honolu               |   |  |  |   |                          |          |
| 6. Employer Identification Num<br>996001257                                      | mber (EIN):             |   |  | 7. Type of Applicant:  |   |                          |          |
| 8. Type of Application:  |                         |   |  | Other - City and   | County                                  |                          |          |
| Type: Continuation   |                         |   |  |  |   |                          |          |
|  |                         |   |  | Name of Federal Agency   | <i>/</i> :                              |                          |          |
|  |                         |   |  |  |   | an Development           |          |
| 10. Catalog of Federal Dome  | stic Assistance Number: |   |  | 11. Descriptive Title of App   | licant's Project                        | t:                       |          |
|  | 4.218                   |   |  | Eighth (8th) Year Co   | •                                       |                          |          |
| Assistance Title: Co   | ommunity Developme      | nt Block Gran                           | t  |  |   |                          |          |
| 12. Areas Affected by Project<br>City and County of Ho                           |                         | *************************************** |  |  |   |                          |          |
| 13. Proposed Project:  |                         | 14. Coi                                 | ngressional  | Districts of:  |   |                          |          |
| Start Date   | End Date                | a. Appi                                 |  |  | b. Proje                                | ct                       | ******** |
| 07/01/02   | 06/30/03                | 1                                       |  | t and Second First and Second  |   |                          |          |
| 15. Estimated Funding:   |                         |   | 16. Is Apr   | olication Subject to Review by   | v State Execut                          | ive Order 12372 Process? |          |
| a. Federal   |                         |   | Review Status: Program not covered                       |  |   |                          |          |
| b. Applicant   | b. Applicant \$0        |   |  |  |   |                          |          |
| c. State   | \$0                     |   |  |  |   |                          |          |
| d. Local \$0   |                         |   | 17. Is the Applicant Delinquent on Any Federal Debt?  No |  |   |                          |          |
| e. Other \$1,563,433   |                         |   |  |  |   |                          |          |
| f. Program Income \$4,301,990  |                         |   |  |  |   |                          |          |
| g. Total \$ 19,005,423   |                         |   |  |  |   |                          |          |
| 18. To the best of my knowled by the governing body of the a                     |                         |   |  |  |   |                          |          |
| a. Typed Name of Authorized Representative b. Title  Benjamin Y. L. Dimond Actin |                         |   | ng Directo   | c. Telephone Number g Director, Budget and Fiscal Svcs. (808) 523-4616 |   |                          |          |
| d. Signature of Authorized Representative  |                         |   |  |  | e. Date Sign<br>07.                     | ed<br>/12/02             |          |
| 771  | 7                       | *************************************** |  |  | *************************************** |                          |          |

| 7 10010101100  |  | 2. Date Sub                        | mitted   |   | Applicant Identifier                               |  |
|--|--|------------------------------------|--|---|--|--|
| Type of Submission:  |  | 3. Date Reco                       | aived by Sta   | to.   | State Application Identifica                       |  |
|  |  | 3. Date Red                        | eived by Sta   | ie  | State Application Identifier                       |  |
| Application: Constru Preapplication:   | ction  | 4. Date Received by Federal Agency |  |   | Federal Identifier                                 |  |
| 5. Applicant Information   |  | - <b>1</b>                         |  |   |  |  |
| Legal Name   |  |                                    |  | Organizational Unit   |  |  |
| City and County o  | f Honolulu   |                                    |  | Department of Budget and Fiscal Services  |  |  |
| Address 530 South King Street, 3rd Floor Honolulu, HI 96813 City and County of Honolu  |  |                                    |  | Contact  Jean Tanji (808) 523-5067  |  |  |
|  |  |                                    |  |   |  |  |
| 6. Employer Identification Nur   | mber (EIN):  |                                    |  | 7. Type of Applicant:   |  |  |
| 996001257  |  |                                    |  | Other - City and  | l County   |  |
| Type of Application:     Type: Continuation  |  |                                    |  | Card. Gry and Godiny  |  |  |
|  |  |                                    |  | Name of Federal Agency     U.S. Dept. of Ho                                       | r:<br>Dusing & Urban Development                   |  |
| Catalog of Federal Domestic Assistance Number:     Catalog Number: 14.239     Assistance Title: HOME Investments Partnership |  |                                    |  | 11. Descriptive Title of Applicant's Project: Eighth (8th) Year Consolidated Plan |  |  |
| 12. Areas Affected by Project:<br>City and County of Ho  |  |                                    |  |   |  |  |
| 13. Proposed Project:  |  | 14. Co                             | ongressional   | Districts of:   |  |  |
| Start Date   | End Date   | а. Арр                             | olicant  |   | b. Project   |  |
| 07/01/02   | 06/30/03   |                                    | First and  | d Second  | First and Second                                   |  |
| 15. Estimated Funding:   |  |                                    | 16. Is App   | olication Subject to Review by  | State Executive Order 12372 Process?               |  |
| a. Federal \$4,727,000   |  |                                    | Review Status: Program not covered                   |   |  |  |
| b. Applicant \$0   |  | 1                                  |  |   |  |  |
| c. State   | c. State \$0   |                                    |  |   |  |  |
| d. Local   | \$0  |                                    | 17. Is the Applicant Delinquent on Any Federal Debt? |   |  |  |
| e. Other \$1,366,614   |  |                                    |  |   |  |  |
| f. Program Income \$322,430  |  |                                    | 1  |   |  |  |
| g. Total \$ 6,416,044  |  |                                    |  |   |  |  |
| 18. To the best of my knowledge by the governing body of the a   | ge and belief, all data in<br>oplicant and the applica | this application                   | n/preapplica<br>with the attac                       | tion are true and correct, the<br>ched assurances if the assist                   | document has been duly authorized ance is awarded. |  |
| a. Typed Name of Authorized Representative b. Title Benjamin Y. L. Dimond Actin  |  |                                    | ing Directo  | c. Telephone Number  g Director, Budget and Fiscal Svcs. (808) 523-4616           |  |  |
| d. Signature Authorized Representative   |  |                                    |  | e. Date Signed<br>07/12/02  |  |  |

|  |  | 2. Date Submitted                |  |   | Applicant Identifier                                  |  |
|--|--|----------------------------------|--|---|---|--|
| Type of Submission:     Application: Constru                                   | uction   | 3. Date Received by S            |  | te  | State Application Identifier                          |  |
| Preapplication:  |  | 4. Date Recei                    | ived by Fed  | leral Agency  | Federal Identifier                                    |  |
| 5. Applicant Information   |  |                                  |  |   |   |  |
| Legal Name   |  |                                  |  | Organizational Unit   |   |  |
| City and County of   | of Honolulu  |                                  |  | Department of Budget and Fiscal Services                              |   |  |
| Address  |  |                                  |  | Contact   |   |  |
| 530 South King S<br>Honolulu, HI 9681  |  |                                  | Jean Tanji<br>(808) 523-5067   |   |   |  |
| City and County o  | of Honolu  |                                  |  |   |   |  |
| Employer Identification Nur     996001257                                      | mber (EIN):  |                                  |  | 7. Type of Applicant:   |   |  |
| 8. Type of Application:  |  |                                  |  | Other - City and  | County  |  |
| Type: Continuation   |  |                                  |  |   |   |  |
|  |  |                                  |  | Name of Federal Agency:     U.S. Dept. of Housing & Urban Development |   |  |
| 10. Catalog of Federal Domes   | stic Assistance Number:                                    |                                  |  | 11. Descriptive Title of Appli  |   |  |
|  | 1.231  |                                  |  | Eighth (8th) Year Co  |   |  |
| Assistance Title: Er   | nergency Shelter Gran                                      | ts Program                       |  | , ,   |   |  |
| 12. Areas Affected by Project<br>City and County of Ho                         |  |                                  |  |   |   |  |
| 13. Proposed Project:  |  | 14. Cor                          | noressional  | Districts of:   |   |  |
| Start Date   | End Date   | a. Appl                          |  |   | b. Project  |  |
| 07/01/02   | 06/30/03   |                                  |  | d Second  | First and Second                                      |  |
| 15. Estimated Funding:   |  | I                                | 16. Is Application Subject to Review by State Executive Order 12372 Process? |   |   |  |
| a. Federal \$457,000   |  |                                  | Review Status: Program not covered   |   |   |  |
| b. Applicant   | \$0  |                                  |  |   |   |  |
| c. State   | c. State \$0   |                                  |  |   |   |  |
| d. Local \$0   |  |                                  | 17. Is the Applicant Delinquent on Any Federal Debt?  No                     |   |   |  |
| e. Other \$0   |  |                                  |  |   |   |  |
| f. Program Income \$0  |  |                                  |  |   |   |  |
| g. Total \$ 457,000  |  |                                  |  |   |   |  |
| 18. To the best of my knowled<br>by the governing body of the a                | ge and belief, all data in the opplicant and the applicant | nis application<br>will comply w | /preapplica  | tion are true and correct, the cohed assurances if the assista        | document has been duly authorized<br>ance is awarded. |  |
| a. Typed Name of Authorized Representative b. Title Benjamin Y. L. Dimond Acti |  |                                  | ng Directo   | r, Budget and Fiscal Svcs.  | c. Telephone Number<br>(808) 523-4616                 |  |
| d. Signature of Authorized Rep   | presentative in G. L. Su                                   | inn                              |  |   | e. Date Signed<br>07/12/02                            |  |
| d. Signature of Authorized Rep   | presentative   | •                                |  |   | e. Date Signed  |  |

| Assistance   |                         |   |             |   |  |   |
|--|-------------------------|---|-------------|---|--|---|
|  |                         | 2. Date Subm                            | itted       |   | Applicant Identifier                               |   |
| Type of Submission:     Application: Constru   | ction                   | 3. Date Received by State               |             |   | State Application Identifier                       |   |
| Preapplication:  | Cuon                    | 4. Date Recei                           | ved by Fed  | eral Agency   | Federal Identifier                                 |   |
| 5. Applicant Information   |                         |   |             |   |  |   |
| Legal Name   |                         |   |             | Organizational Unit   |  |   |
| City and County of   | f Honolulu              |   |             | Department of Budget and Fiscal Services                        |  |   |
| Address 530 South King Street, 3rd Floor Honolulu, HI 96813 City and County of Honolu  |                         |   |             | Contact  Jean Tanji (808) 523-5067                              |  |   |
| 6. Employer Identification Nur<br>996001257  | mber (EIN):             |   |             | 7. Type of Applicant:   |  |   |
| 8. Type of Application:  |                         |   |             | Other - City and  | County   |   |
| Type: Continuation   |                         |   |             |   |  |   |
|  |                         |   |             | 9. Name of Federal Agency:                                      |  |   |
|  |                         |   |             | U.S. Dept. of Ho  | using & Urban Development                          |   |
| 10. Catalog of Federal Dome:<br>Catalog Number: 14   | stic Assistance Number: | *************************************** |             | 11. Descriptive Title of Applicant's Project:                   |  |   |
| <u> </u>   | ousing Opportunities f  | or Persons wi                           | th AIDS     | Eighth (8th) Year Co  | irisolidated Plan                                  |   |
| 12. Areas Affected by Project<br>City and County of Ho   |                         |   |             |   |  |   |
| 13. Proposed Project:  |                         | 14. Cor                                 | ngressional | Districts of:   |  |   |
| Start Date   | End Date                | a. Appl                                 | icant       |   | b. Project   |   |
| 07/01/02   | 06/30/03                |   |             | nd Second First and Second                                      |  |   |
| 15. Estimated Funding:   |                         |   | 16. Is App  | olication Subject to Review by                                  | State Executive Order 12372 Process                | ? |
| a. Federal   |                         |   | Re          | eview Status: Program r   | ot covered   |   |
| b. Applicant \$0   |                         |   |             |   |  |   |
| c. State   | c. State \$0            |   |             |   |  |   |
| d. Local   | 1. Local \$0 17. Is the |   |             | Is the Applicant Delinquent on Any Federal Debt?  No            |  |   |
| e. Other \$11,767  |                         |   |             |   |  |   |
| f. Program Income \$0  |                         |   |             |   |  |   |
| g. Total \$ 449,767  |                         |   |             |   |  |   |
| 18. To the best of my knowledge and belief, all data in this application/p by the governing body of the applicant and the applicant will comply with |                         |   | /preapplica | tion are true and correct, the ched assurances if the assist    | document has been duly authorized ance is awarded. |   |
| a. Typed Name of Authorized Representative  Benjamin Y. L. Dimond  b. Title  Acting D  |                         |   | ng Directo  | c. Telephone Number tor, Budget and Fiscal Svcs. (808) 523-4616 |  |   |
| d. Signature of Authorized Representative  |                         |   |             | e. Date Signed<br>07/12/02                                      |  |   |

## **Federal Assistance Funding Matrix**

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

| Program*     | Applicant<br>Share | Federal<br>Share | State<br>Share | Local | Other     | Program<br>Income | Total      |
|--------------|--------------------|------------------|----------------|-------|-----------|-------------------|------------|
| CDBG         | 0                  | 13,140,000       | 0              | 0     | 1,563,433 | 4,301,990         | 19,005,423 |
| HOME         | 0                  | 4,727,000        | 0              | 0     | 1,366,614 | 322,430           | 6,416,044  |
| ESG          | 0                  | 457,000          | 0              | 0     | 0         | 0                 | 457,000    |
| HOPWA        | 0                  | 438,000          | 0              | 0     | 11,767    | 0                 | 449,767    |
| Grand Totals | 0                  | 18,762,000       | 0              | 0     | 2,941,814 | 4,624,420         | 26,328,234 |

<sup>\*</sup> For FHIPs, show both initiative and component

## Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Federal Share**: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of inkind services the State is contributing to your project or program of activities.

**Local Share:** Enter the amount of funds or cash equivalent of inkind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

## Funding Sources

| Entitlement Grant (includes reallocated funds) |                      |                     |
|--|----------------------|---------------------|
| CDBG   | \$13,140,000         |                     |
| ESG  | \$457,000            |                     |
| HOME   | \$4,727,000          |                     |
| HOPWA  | \$438,000            |                     |
| Total  |                      | \$18,762,000        |
| Prior Years' Program Income NOT previously pr  | ogrammed or reported |                     |
| CDBG   | \$0                  |                     |
| ESG  | \$0                  |                     |
| HOME   | \$0                  |                     |
| HOPWA  | \$0                  |                     |
| Total  | 40                   | \$0                 |
| Total  |                      | Ψ                   |
| Reprogrammed Prior Years' Funds                |                      |                     |
| CDBG   | \$1,563,433          |                     |
| ESG  | \$0                  |                     |
| HOME   | \$1,366,614          |                     |
| HOPWA  | \$11,767             |                     |
| Total  | Ų,. o.               | \$2,941,814         |
| lotai  |                      | Ψ2,041,014          |
| Total Estimated Program Income                 |                      |                     |
| CDBG   | \$4,301,990          |                     |
| HOME   | \$322,430            |                     |
| Total  | <b>,</b>             | \$4,624,420         |
|  |                      | , .,                |
| Section 108 Loan Guarantee Fund                |                      | \$0                 |
|  |                      |                     |
| TOTAL FUNDING SOURCES                          |                      | \$26,328,234        |
| TOTAL FORDING SOURCES                          |                      | <b>420,020,20</b> . |
|  |                      |                     |
| Other Funds                                    |                      | \$0                 |
|  |                      |                     |
|  |                      | 400 000 004         |
| Submitted Proposed Projects Totals             |                      | \$26,328,234        |
|  |                      |                     |
| Un-Submitted Proposed Projects Totals          |                      | \$0                 |
| On Gusmitted i repessed i rejeste retais       |                      | **                  |